24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	
	C C00544767
Check if 24-hour report X 48-hour report New report Amends report filed	i on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
CD, INC.	09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 1877	Amount
City State Zip Code	10000.00
ALEXANDRIA VA 22313	Transaction ID : SE24.11672 Date of Disbursement or Obligation
Purpose of Expenditure DIGITAL MESSAGING DELIVERY AND ROBOCALLS Category/ Type 003	08 25 2015
Name of Federal Candidate Support Offic	e Sought: X House District: 04
TREY GOWDY Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought Disb. 2016	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	10000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	09
Signature	